2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N99000003452

Entity Name: PRESENCE OF GOD MINISTRIES INC.

Current Principal Place of Business:

2764 WEST TENNESSEE STREET
3
TALLAHASSEE, FL 32304 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 16395
TALLAHASSEE, FL 323176395 US

New Mailing Address:

FEI Number: 59-3581172 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BUIE, PIERRE LAMONT
3282 SAWTOOTH DRIVE
TALLAHASSEE, FL 323037378 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: MASON, WAYNE
Address: 3000 NW 50TH ST
City-St-Zip: MIAMI, FL 33142

Title: SD ( ) Delete
Name: FRAZIER, ROSALIND J
Address: 1411-A PULLEN ROAD,
City-St-Zip: TALLAHASSEE, FL 32303

Title: PD ( ) Delete
Name: BUIE, PIERRE L
Address: 3282 SAWTOOTH DRIVE
City-St-Zip: TALLAHASSEE, FL 323037378

Title: VD ( ) Delete
Name: BUIE, TERROSA L
Address: 3282 SAWTOOTH DRIVE
City-St-Zip: TALLAHASSEE, FL 323037378

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PIERRE LAMONT BUIE PD 04/28/2009

Electronic Signature of Signing Officer or Director — Date